

Investigational Therapy May Help Women With Lack Of Arousal

(NAPSA)—There are few things more personal in a woman's life—or more important to her overall health and well being—than the intimate moments she experiences with her partner. A satisfying sex life can enhance the emotional connection she has with her romantic partner, improve her self-esteem and help her preserve a positive body image.

All of these things, however, are at risk when a woman faces an inability to experience and maintain arousal, which today is a defined and accepted medical disorder known as Female Sexual Arousal Disorder, or FSAD.

Characterized by diminished blood flow to the genital tissues resulting in a lack of genital engorgement and a reduction in pleasure and sensation, FSAD is very much a physical condition. Although some aspects of FSAD can be emotional, as a primarily physical condition it can potentially be treated.

A company that specializes in treatments that restore sexual function in both men and women, VIVUS, Inc., is actively seeking female participants and their partners for a nationwide research study of an investigational topical therapy called ALISTA that has been shown in early studies to help women who have been diagnosed with FSAD.

“Lack of arousal does not just affect the woman experiencing it but her partner, as well,” says



A new study may prove topical therapy an effective treatment for lack of arousal.

Julia R. Heiman, director of The Kinsey Institute for Research in Sex, Gender and Reproduction at Indiana University, Bloomington, and a professor in the school's psychology and clinical psychiatry departments. “That's why it's important for women to be aware of their bodies, and to understand what arousal disorder is and is not.”

Data from the National Health and Social Life Survey, sponsored by the Robert Wood Johnson Foundation and Rockefeller Foundation, among others, found that one out of three women report a lack of sexual interest and one out of four do not experience orgasm—numbers that indicate FSAD may be far more widespread than many people may think.

Before FSAD can be treated,

however, a woman must be diagnosed with it. Diagnosis includes, in addition to a physical examination, blood tests, and psychological interviews, trying to determine its cause in the individual. FSAD may be due, in some instances, to the same diseases and other conditions that cause erectile dysfunction in men, such as diabetes, heart disease, high cholesterol, spinal cord injury and smoking. Certain medications such as oral contraceptives, antihypertensives and antidepressants may also affect sexual function and libido, as can depression, stress and relationship issues.

Other precursors are unique to women. These include menopause—in fact, three out of four women with FSAD are postmenopausal. In addition, surgery such as hysterectomy may not only affect how a woman feels about herself but can also result in dramatic changes in sexual response, a decrease in lubrication and loss of genital sensation and desire.

The clinical study being conducted by VIVUS is open to women 21 to 60 years of age in stable, monogamous, heterosexual relationships. They must have undergone a hysterectomy and have a primary diagnosis of FSAD. The study will take place at approximately 40 sites across the country. For more information on participating in the study, call 1-866-4-ALISTA (1-866-425-4782).